

*TOC not required*

## 221.000 ACUTE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) EPISODES

### 221.600 Thresholds for Incentive Payments

10-1-14

- A. The acceptable threshold is \$1,876.00.
- B. The commendable threshold is \$1,339.00.
- C. The gain sharing limit is \$859.00.
- D. The gain sharing percentage is 50%.

**TO:** Arkansas Medicaid Health Care Providers – Episodes of Care

**DATE:** October 1, 2014

**SUBJECT:** Provider Manual Update Transmittal EPISODE-4-14

**REMOVE**

**Section**

221.600

**Date**

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**INSERT**

**Section**

221.600

**Date**

10-1-14

**Explanation of Updates**

Section 221.600 is updated to correct the amounts for Incentive Payment Thresholds for Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD) Episodes.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the Arkansas Payment Improvement Initiative Center at 1-866-322-4696 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 301-8311.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Dawn Zekis  
Interim Director